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11TH FLOOR 901 NORTH GLEBE ROAD ARLINGTON, VIRGINIA 22203-1808

Filed: May 10, 2006

TELEPHONE: (703) 816-4000 FACSIMILE: (703) 816-4100 WRITER'S DIRECT DIAL NUMBER: (703) 816-4011

FACSIMILE COVER SHEET PLEASE DELIVER IMMEDIATELY!!!!

Atty Dkt.:	620-438	-	
Your Ref.:		Date:	December 15, 2008
To:	Examir	ner Kinsev White	e, N.E TC/AU: 1648
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Facsimile No.:	(571) 273-8300		
From:	Mary J. Wilson		
Number of Pa (IF YOU DO NOT RECEIVI PLEASE CONTACT US IM	ges (including co E'ALL OF THE PAG MEDIATELY AT (70)	ES OR ENCOUNTE	R DIFFICULTIES IN TRANSMISSION,
			Tabitha A. Trice
			FACSIMILE OPERATOR
I hereby certify that this pap and Trademark Office on D Mary J. Wilson	CERTIFICATION OF per and any noted attraction of the comber 15, 2008.	FACSIMILE TRANS achments are being	SMISSION transmitted by facsimile to the Patent
ATTACHMENT/S: OF	FICIAL AMENDI	WENT	
In re Patent Application	ı of:		
HELLSTROM et al Serial No. 10/578,848			

CONFIDENTIALITY NOTE

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METHODS AND MEANS RELATING TO HEPATITIS B INFECTION

P. 02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty MJW-620-438

Dkt.

C# M#

HELLSTROM et al

TÇ/A.U.

1648

RECEIVED CENTRAL FAX CENTER

Serial No. 10/578,848

Examiner: Kinsey White, N.E.

DEC 1 5 2008

Filed:

May 10, 2006

Date: December 15, 2008

METHODS AND MEANS RELATING TO HEPATITIS B INFECTION Title:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir.

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other

signature thereon.	
☐ Correspondence Address Indication Form Attached.	
Fees are attached as calculated below:	•
Total effective claims after amendment 0 minus highest number	
	0 (1202)/\$0.00 (2202) \$
Independent claims after amendment 0 minus highest number	, ,

previously paid for (at least 3) = x \$220.00 \$0.00 (1201)/\$0.00 (2201) \$ If proper multiple dependent claims now added for first time, (ignore improper); add

\$390.00 (1203)/\$195.00 (2203) \$

. . .

Petition is hereby made to extend the current due date so as to cover the filing date of this

paper and attachment(s) One Month Extension \$130.00 (1251)/\$65.00 (2251)

Two Month Extensions \$490.00 (1252)/\$245.00 (2252)

Three Month Extensions \$1110.00 (1253/\$555.00 (2253) Four Month Extensions \$1730.00 (1254/\$865.00 (2254)

Five Month Extensions \$2350.00 (1255/\$1175.00 (2255) \$

Terminal disclaimer enclosed, add \$140.00 (1814)/ \$70.00 (2814)

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$ 0.00

Assignment Recording Fee \$40.00 (8021) \$ 0.00

Other: \$ 0.00 **TOTAL FEE \$** 0.00

CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

MJW:tat

NIXON & VANDERHYE P.C.

By Atty: Mary J. Wilson, Reg. No. 32,955

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

HELLSTROM et al

Atty. Ref.: 620-438; Confirmation No. 5041

Appl. No. 10/578,848

TC/A.U. 1648

Filed: July 24, 2006

Examiner: Kinsey White, N.E.

For: METHODS AND MEANS RELATING TO HEPATITIS B INFECTION

December 15, 2008

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

AMENDMENT

This is in response to the Office Action dated September 15, 2008, in the above matter. Kindly amend this application as follows.